

No. 19042  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99142 Office of Registrar of Vital Statistics. Ward 31

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Barnes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 67 Years, Months, 19 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Lumber Dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, { Give Street and Number. } 237 S. Caroline

Cause of Death, { First (Primary), Valvular Dis. of heart  
Second (Immediate), Asthma

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8<sup>th</sup> 1887

{ Undertaker, Fred Graede

{ Place of Business, 108 S. Caroline Street, Address, 226 S. Eddy

P. L. Martin M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99643

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99643 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. C.

Date of Death, May 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Polson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, Celind

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Doctor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 611<sup>th</sup> Broadway alley

Cause of Death, { First (Primary), Pneumonia latent. } Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 1887

Undertaker, William Dungee

Place of Business, 150 East St

John A. M. D.

Medical Attendant.

Address, 1937 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. 99144

Office of Registrar of Vital Statistics.

Ward

19<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*May 4<sup>th</sup> 1884*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

*James Edward Simmons*

Sex, Male or Female, { Cross out the word not required in this line.

Age,

Years,

15

Months,

Days.

Color,

*Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line.

✓

Occupation,

*City*

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

*504*

*Vincent St*

Cause of Death, { First (Primary),

*Enteritis*

Second (Immediate),

*Two week.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Leenal Cemetery*

*A. T. Bell.*

M. D.

Medical Attendant.

Date of Burial, *May 4 1884*

*Address, 1010 Cathedral St*

{ Undertaker, *William Dungee*

{ Place of Business, *150 East St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics

in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health City of Baltimore,

Permit No. 99145 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B.

Date of Death, 5<sup>th</sup> May 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Jane Barrell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 91 Years, 9 Months, 23 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } E. Mulberry St. at Ven. Plaza

Cause of Death, { First (Primary), Pneumonia }

Cause of Death, { Second (Immediate), Malaria }

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, 7<sup>th</sup> May 1889

Undertaker, H. H. Jenkins &amp; Sons

Place of Business, Park &amp; Saratoga Sts. Address, 510 Park Ave

F. W. Alderman, M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99646 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adelia Botts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, 7 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City, 1 - 7

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1120 Goodnews al

Cause of Death, { First (Primary),  
Second (Immediate), } ~~Diabetes~~ Congestion of Lungs  
Aphexia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Shadwell Cemetery~~

Date of Burial, May 6 1887

Undertaker, Hercules Ross

Place of Business, 404 Carroll Street, Address, 815 Fifth

R. H. P. Ellers

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99147

Office of Registrar of Vital Statistics.

Ward 1a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ann Burkhiss

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age, 27 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation, XXX

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give Street and Number.

63 Grandy St

Cause of Death, { First (Primary),  
Second (Immediate).

Valvular Heart disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 7 1887

James E. Donnelle

M. D.

Medical Attendant.

Undertaker, James P. Byrne

Place of Business, 302 W Gay St

Address, 1701 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

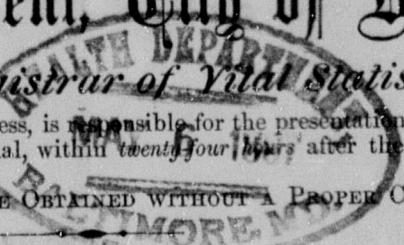
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99648 Office of Registrar of Vital Statistics. Ward 5<sup>1/4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

May 4 - 87  
Joseph H. Clark

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line }

Age, / Years, 8 Months, 16 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

City

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number }

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, May 6 1887

{ Undertaker, James P. Byrne

{ Place of Business, 302 N. Gay St Address,

419 Chestnut St  
Malaria poisoning  
Cerebral Meningitis

18 days

J. G. Meyer

M. D.

Medical Attendant.

4 St. Peter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 99649

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, ~~May 6, 1887~~

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 26 Years,

Months,

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Market woman

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7 1887

{ Undertaker, W. M. Chase

{ Place of Business, 641 Howard St.

Alfred W. Bell

M. D.

Medical Attendant.

Address, 1010 Tidewater St.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. 99650

Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 5<sup>th</sup> 1887

Geo. W. Sants

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Engineer

Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

44 Williamson St.

Heart Disease

Anoreca

Duration of Last Sickness,

1 yr.

All the above information should be furnished by the Physician.

Place of Burial, In Friend's Cemetery Harford Road

Date of Burial, May 6<sup>th</sup> 1887

Rossellis

M. D.

{ Undertaker, Bernard Hale

Medical Attendant

{ Place of Business, 115 West St

Address,

915 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 99657 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6

## CERTIFICATE OF DEATH.

Date of Death, Thursday morning May 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lutz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 100 1/2 William cor of Crop Sts

Cause of Death, { First (Primary), Spinal curvature and Epilepsy }

{ Second (Immediate), Congestion of lungs }

Duration of Last Sickness, Never was well 24 hours

All the above information should be furnished by the Physician

Place of Burial, Cemetery Hill

Date of Burial, May 24

Undertaker, B. G. Davis J. E. Richardson M. D.

Medical Attendant.

Place of Business, 115' West Address, 2830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]